

PLEASE ENROLL ME AS A MEMBER OF THE AIKEN RUNNING CLUB

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____ Sex: _____ E-mail: _____

Other Family Members:

Name: _____ Birthdate: _____ Sex: _____

Name: _____ Birthdate: _____ Sex: _____

Name: _____ Birthdate: _____ Sex: _____

CLUB MEMBERSHIP APPLICATION WAIVER

(Required by RRCA for insurance purposes)

"I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in club races including the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the Aiken Running Club, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of persons named in this waiver."

\$4.60 of your membership dues covers RRCA Membership and insurance.

SIGNATURE

DATE

PARENT'S SIGNATURE if under 18 years

DATE

Annual Membership Cost: \$15.00 (individual or family) – Jan thru Dec

Make check payable to **Aiken Running Club**, and mail together with signed application to
Aiken Running Club, P. O. Box 3195, Aiken, SC 29802

